efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493079002018 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2016

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A F	or th	e 2016 c	alendar year, or tax year	beginning 10-01-2016 , and ending 09-3	30-2017			
B Che	ck ıf a	pplicable	C Name of organization COMPETITIVE ENTERPRISE IN	ICTITUTE		D Employe	r ıdentıfı	ication number
_		change	COMPETITIVE ENTERPRISE IN	NSTITUTE		52-1351	785	
□ Na		-	Doing business as					
Fin	al							
		ninated		ox if mail is not delivered to street address) Room/s	uıte	E Telephone	number	
		d return on pending	1310 L STREET NW 7TH FLOC	DR		(202) 33	1-1010	
		9	City or town, state or province WASHINGTON, DC 20005	e, country, and ZIP or foreign postal code				
			·			G Gross rec	eipts \$ 7,	714,638
			F Name and address of pr KENT LASSMAN	incipal officer	H(a) Is	s this a group reti	urn for	
			1310 L STREET NW 7TH FL	OOR		ubordinates?		□Yes 🗹 No
			WASHINGTON, DC 20005			re all subordinate icluded?	25	☐ Yes ☐No
I Tax	k-exer	npt status	☑ 501(c)(3) ☐ 501(c)() ◀ (insert no)	I1	f "No," attach a lis	st (see	instructions)
J W	ebsit	te:▶ WW	/W CEI ORG		H(c) G	iroup exemption r	number	>
					1		Maria	<u> </u>
K Forn	n of o	rganızatıon	☑ Corporation ☐ Trust ☐	Association ☐ Other ►	L Year of	formation 1984	M State	of legal domicile DC
Pa	rt I	Sum	mary			L		
	1 1	Briefly des	scribe the organization's miss	sion or most significant activities				
e)	<u> </u>	PUBLÍC PO	DLICY RESEARCH/EDUCATIO	N DEDICATED TO PRINCIPLES OF FREE ENTE	RPRISE & L	IMITED GOVERN	MENT	
E C	-							
Ĕ	-							
Governance				on discontinued its operations or disposed of		25% of its net as	sets	
	3	Number o	of voting members of the go	verning body (Part VI, line 1a)			3	10
₹ 0	4	Number o	of independent voting memb	ers of the governing body (Part VI, line 1b)			4	8
Activities &	5	Total nun	nber of individuals employed	l ın calendar year 2016 (Part V, lıne 2a) .			5	45
Ę	6	Total nun	nber of volunteers (estimate	ıf necessary)			6	8
ď	7a	Total unr	elated business revenue fror	n Part VIII, column (C), line 12			7a	0
	ь	Net unrel	ated business taxable incom	e from Form 990-T, line 34	·		7b	0
						Prior Year		Current Year
<u>q</u> i	8	Contribut	ions and grants (Part VIII, li	ne 1h)		6,903,2	66	7,226,930
Rəvenue	l	-	service revenue (Part VIII, li	•,		945,5	50	162,413
Ę.	10	Investme	ent income (Part VIII, column	n (A), lines 3, 4, and 7d)		8,14	49	10,389
	l		, , , , ,	, lines 5, 6d, 8c, 9c, 10c, and 11e)		-153,20	_	-112,217
				1 (must equal Part VIII, column (A), line 12)		7,703,70	_	7,287,515
	l			t IX, column (A), lines 1–3)....			0	0
	l		paid to or for members (Part	• • • • • • • • • • • • • • • • • • • •			0	0
8	l			vee benefits (Part IX, column (A), lines 5–10)		4,037,0		4,371,556
€	Ι.			, column (A), line 11e)		40,6	72	44,000
Expenses	l		raising expenses (Part IX, column	· · · · · · · · · · · · · · · · · · ·				
	l	·	penses (Part IX, column (A),	·		3,733,4	_	3,938,448
	l	•	·	st equal Part IX, column (A), line 25)		7,811,13		8,354,004
. 10	19	Revenue	less expenses Subtract line	18 from line 12		-107,3		-1,066,489
Net Assets or Fund Balances					Begin	ning of Current Ye	ar	End of Year
ager ager	20	Total ass	ets (Part X, line 16)			4,136,1	16	3,880,015
A As	l		ulities (Part X, line 26)			1,893,5	_	2,703,889
ξĒ	l		s or fund balances Subtract			2,242,58		1,176,126
Par	t II	Sign	ature Block					
				examined this return, including accompanying				
any k			f, it is true, correct, and com	nplete Declaration of preparer (other than off	icer) is bas	ed on all informat	tion of v	which preparer has
		11						
		* * * * * *	* ure of officer			2018-03-20 Date		
Sign		Joighac	are or officer			Date		
Here	;		ASSMAN PRESIDENT r print name and title					
		<u> </u>	rint/Type preparer's name	Preparer's signature	Date	I I p7	ΓIN	
Dair	1		RANK H SMITH		2018-03-20	Check L If P(00639053	3
Paid		╮╴├╴	irm's name > RAFFA PC			self-employed Firm's EIN ► 52-1	511275	
Pre		₹¹ ├ _ट	irm's address ► 1899 L STREET i	NW SUITE 850		Phone no (202) 8		
Use	UII	עיי	WASHINGTON, [DC 20036				
May +	he IP	S discuss		r shown above? (see instructions)			√ ∨	es 🗆 No
			duction Act Notice, see th		Cat I	No 11282Y	<u> </u>	Form 990 (2016)

Form	990 (20)16)							Page 2
Par	t III	Statement of	of Program Service	e Accomplis	hments				
	_	Check if Sched	lule O contains a resp	onse or note to a	any line in this Part III				. 🗸
1	Briefly	describe the or	ganızatıon's mıssıon						
ENTE	RPRISE	AND LIMITED (LIEVE THAT CON	JBLIC POLICY ORGANIZ NSUMERS ARE BEST HE CE				BEING
2					vices during the year w	hich were not liste	d on	□yes ✓	1
	•		990-EZ?					⊔ Yes 💌	No
_									
3		_	ease conducting, or n	nake significant	changes in how it cond	ucts, any program		☑ Yes	□No
	If "Yes	," describe thes	se changes on Schedu	le O					
4	Section	1.501(c)(3) and		ons are required	nts for each of its three to report the amount o ported				5
4a	(Code) (Expenses \$	1,708,397	including grants of \$)	(Revenue \$	162,413)	
	See Add	ditional Data					•		
4b	(Code) (Expenses \$	1,115,387	including grants of \$)	(Revenue \$)	
	See Add	ditional Data							
4c	(Code) (Expenses \$	934,291	including grants of \$)	(Revenue \$)	
	See Add	ditional Data							
	See Ac	ldıtıonal Data T	able						
4d			es (Describe in Sched	•					
	(Exper	ises \$	2,447,825 inc	luding grants of	\$) (Revenue \$)	
4e	Total	program servi	ice expenses ▶	6,205,9	00				_

or X as applicable

Yes

Yes

1

2

3

4

5

6

Page 3

Nο

No

Nο

Nο

Nο

Νo

Nο

Nο

Νo

No

Nο

No

Nο

Nο

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Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

for public office? If "Yes," complete Schedule C, Part I 👺 Section 501(c)(3) organizations.

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 为

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

7 R

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

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16

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19

Nο Nο Nο

Yes

Yes

Yes

Yes

Yes

Yes

29

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Page 4

Nο

Nο

Νo

Nο

Νo

Nο

20b

21

22

23

24a

24b

26

28b

28c

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35a

35h

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37

Yes

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Yes

Yes

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees If "Yes,"

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

24c 24d 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

31

32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

34

orm	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 42			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	<u> </u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			140
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
1	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
.4a	bld the organization receive any payments for indoor tanning services during the tax year.			

Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No' 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction	A. Governing Body and Management			
	_			Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 10			
	If the	re are material differences in voting rights among members of the governing			
		or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O			
h		the number of voting members included in line 1a, above, who are independent			
	Linco	1b 8			
2	Did ai office	ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did th	ne organization have members or stockholders?	6		No
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_		
		pers of the governing body?	7a		No
	perso	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by			
а		overning body?	8a	Yes	
b	-	committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is the	re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
		ızatıon's maılıng address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
10-	D. J 11	ne organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Ye	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
	form?		11a	Yes	
		ibe in Schedule O the process, if any, used by the organization to review this Form 990			
		ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in			
	Sched	dule O how this was done	12c	Yes	
13		ne organization have a written whistleblower policy?	13	Yes	
14		ne organization have a written document retention and destruction policy?	14	Yes	
15	perso	ne process for determining compensation of the following persons include a review and approval by independent ins, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		rganization's CEO, Executive Director, or top management official	15a	Yes	
b		officers or key employees of the organization	15b	Yes	
16a	Did th	s" to line 15a or 15b, describe the process in Schedule O (see instructions) ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
		le entity during the year?	16a		No
D	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?	16b		
Se		C. Disclosure			
17	List th	ne States with which a copy of this Form 990 is required to be filed AL , AK , AR , CA , CO , CT , FL , GA , HI , , MA , MI , MN , MS , NH , NJ , NM , NY , N , PA , RI , SC , TN , UT , VA , WA , WV , WI	C, ND	, KY , M , OH , C	1E , MD OK , OR
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) oble for public inspection. Indicate how you made these available. Check all that apply	•		
		Own website			
19		ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy	, and financial statements available to the public during the tax year			
20		the name, address, and telephone number of the person who possesses the organization's books and records SAN MCLAUGHLIN 1310 L STREET NW 7TH FLOOR WASHINGTON. DC 20005 (202) 331-1010			

PRESIDENT (AS OF 04/2016)

TREASURER, SEN DIR FINANCE

SECRETARY, EXECUTIVE ASSISTANT

(01-04/2016), ED, VP - UNTIL 12/2016

OF CTR FOR CLASS ACTION FAIRNESS

(13) GREGORY CONKO INT PRES

(14) THEODORE FRANK DIRECTOR

(11) MEGAN MCLAUGHLIN

(12) AMANDA FRANCE

(15) WAYNE CREWS

VP FOR POLICY (16) SAM KAZMAN

GENERAL COUNSEL

(17) COLEY JACKSON

VP OF EXTERNAL AFFAIRS

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization	n and any relate	d orga	nızatı	ons	-			•			
 List all of the organization's former director organization, more than \$10,000 of reportable or 											
List persons in the following order individual trus	•		_				•	-			
compensated employees, and former such person											
Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	person is both an officer and a director/trustee)					er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) W THOMAS HAYNES CHAIRMAN	1 00	×						0	0	0	
(2) FRED L SMITH JR - FOUNDER DIRECTOR, DIR FOR CTR FOR ADV CAP	40 00	×						181,272	0	21,812	
(3) JAMES R CURLEY DIRECTOR	1 00	х						0	0	0	
(4) MICHAEL W GLEBA DIRECTOR	1 00	×						0	0	0	
(5) MICHAEL S GREVE DIRECTOR	1 00	x						0	0	0	
(6) JEAN-CLAUDE GRUFFAT DIRECTOR	1 00	x						0	0	0	
(7) KERRY HALFERTY HARDY DIRECTOR	1 00	Х						0	0	0	
(8) W THOMAS HAYNES DIRECTOR	1 00	×						0	0	0	
(9) JAMES R VON EHR DIRECTOR	1 00	×						0	0	0	
(10) KENT LASSMAN	40 00	×		х				161,946	0	14,217	

40 00

40 00

40.00

40 00

40 00

40 00

40 00

Х

Χ

Χ

х

Х

Χ

Х

100.890

70,405

156,896

211,736

150,847

124,830

121,108

0

0

0

0

6.796

5,447

7,080

7,114

26,718

19,382

711

1625 I STREET NW WASHINGTON, DC 20006 BAKER HOSTETLER

compensation from the organization ▶ 4

PO BOX 70189 CLEVELAND, OH 44190

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page **8**

146,843

Form **990** (2016)

(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, ι n of	t che unles ficer	eck moss ss pers r and a cee)	son	(D) Reportable compensation from the organization (W-	able Reportable Esti sation compensation amour the from related comp ion (W- organizations fro		Estima amount of compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099 MISC)		organizat relat organiz	:ed
(18) MYRON EBELL DIRECTOR FOR CTR FOR ENERGY	40 00					×		120,909		0		1,144
(19) IAIN MURRAY	40 00				<u> </u>	X		110 255		0		20 827
VP FOR STRATEGY					L			110,255				20,827
					\vdash							
		 								-		
		 			\vdash					-		
		<u> </u>			igspace							
1b Sub-Total			. 	•	•	-				Ľ		
c Total from continuation sheets to Part	•				•	-		1 511 004				121 240
2 Total number of individuals (including but					/e) v	_	ceive	1,511,094 ed more than \$100)		131,248
of reportable compensation from the orga	anization ► 13											
									_		Yes	No
3 Did the organization list any former offic			key e	emp	loye	e, or h	nighe	est compensated e	mployee on	_		_
line 1a? If "Yes," complete Schedule J for			•	•	•		•			3		No
4 For any individual listed on line 1a, is the organization and related organizations gr									he			
ındıvıdual				•	•	•	•			4	Yes	
5 Did any person listed on line 1a receive o								ganızatıon or ındıvı	dual for			
services rendered to the organization?If '	Yes," complete	Scheau	ıle J t	or s	uch ,	persor	٠.			5		No
Section B. Independent Contractors									> 4			
1 Complete this table for your five highest of from the organization. Report compensat										pen	sation	
	(A)							1	(B)		(C)
BOYDEN GRAY & ASSOCIATES PLLC	ousiness address							LEGAL SERVIC	tion of services ES		Compen	300,623
1627 I STREET NW 950												
WASHINGTON, DC 20006 MORGAN MEREDITH & ASSOCIATES								DIRECT MAIL I	DDOCESSING			271,971
22780 INDIAN CREEK DRIVE SUITE 100								DIRECT MAIL	ROCESSING			2/1,9/1
DULLES, VA 20166												
O'MELVENY & MYERS LLP								LEGAL SERVIC	ES			200,000

LEGAL SERVICES

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part V	90 (2016) VIII Statement of	Revenue					Page 9
	Check if Schedul	e O contains a resp	oonse or note to any	line in this Part VII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a Federated campaign	ns 1a				1	
unt	b Membership dues	1b					
9 10 10 10 10 10 10 10 10 10 10 10 10 10	c Fundraising events	1c	759,089				
ffs, r_≜	d Related organizatio	ns 1d					
<u>ia</u> 5:	e Government grants (co	ontributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, and similar amounts no above		6,467,841				
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribution in lines 1a-1f \$		4 <u>,837</u>				
<u>ප</u>	h Total.Add lines 1a-1	f	<u> ▶</u> _	7,226,930			
ᆲ			Business	Code			
Program Service Revenue	2a COURT-AWARDED FEES			900099 1	162,413	162,413	
a ²	b ————						
¥C.	c —						
₹	d						
ag	е —						
ıßo,	f All other program se	rvice revenue	1	62,413	'	'	•
•	gTotal. Add lines 2a-2f		<u> </u>	-			
	3 Investment income (in similar amounts).		interest, and other	10,90	5		10,905
	4 Income from investme		· ·				
	5 Royalties	•					
		(ı) Real	(II) Personal				
	6a Gross rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or		<u> </u>	1			
	7a Gross amount	(ı) Securities	(II) Other	-			
	from sales of assets other than inventory	76,20	4				
	b Less cost or other basis and sales expenses	76,72	0				
	C Gain or (loss)	-51	6]			
	d Net gain or (loss) .		•	-51	6		-516
Other Revenue	8a Gross income from fu (not including \$ contributions reporte See Part IV, line 18	759,089 of d on line 1c)	153,991				
e Se	b Less direct expenses			1			
7.	c Net income or (loss)			J -196,41	2		-196,412
Oth	9a Gross income from g See Part IV, line 19						
	b Less direct expenses c Net income or (loss)						
	10aGross sales of invent		ities •		+		
	returns and allowand	es	a				
	b Less cost of goods s	old I	ь	J			
	C Net income or (loss)						
	Miscellaneous	Revenue	Business Code 900099	76,86	5		76,865
	11aSUBLEASE INCOME		900099	76,86	5		76,863
	b REIMBURSEMENTS/F	REFUNDS	900099	5,00	0		5,000
	c MISCELLANEOUS		900099	2,33	0		2,330
	d All other revenue .		+		+		
	e Total. Add lines 11a	-11d	•	24.1-			
	12 Total revenue. See	Instructions .		84,19	J		
			· · •	7,287,51	5 162,	413	0 -101,828

Forn	n 990 (2016)				Page 10
_	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX	<u>.</u>		<u> </u>
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	880,037	761,430	118,607	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,872,412	2,241,226	217,379	413,807
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,556	9,017	725	814
9	Other employee benefits	345,033	287,253	26,187	31,593
10	Payroll taxes	263,518	206,472	24,831	32,215
11	Fees for services (non-employees)				
a	Management				
_	Legal	261,606	261,606		
	Accounting	96,673		96,673	
		30,073		30,0,0	
	Lobbying	44,000			44,000
	Professional fundraising services See Part IV, line 17	44,000			44,000
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	435,612	402,383	8,184	25,045
	Advertising and promotion	63,997	63,997		
13	Office expenses	201,234	84,170	85,363	31,701
14	Information technology	87,159	8,525	61,171	17,463
15	Royalties				
16	Occupancy	1,202,282		1,202,282	
17	Travel	158,269	104,187	6,057	48,025
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	509,245	462,660	27,250	19,335
20	Interest	5,509		5,509	
21	Payments to affiliates				
	Depreciation, depletion, and amortization	234,439		234,439	
	Insurance	59,594	13,865	45,729	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		21/112	,	
	a LOSS ON SUBLEASE	371,450		371,450	
	b DIRECT MAIL	154,548	134,740	19,808	
,	c BOOKS & SUBSCRIPTIONS	86,831	69,632	12,295	4,904
,	d PLEDGE WRITE-OFFS	10,000		10,000	
	e All other expenses		1,094,737	-1,234,796	140,059
25	Total functional expenses. Add lines 1 through 24e	8,354,004	6,205,900	1,339,143	808,961
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	189,627	129,459	19,808	40,360
	educational campaign and fundraising solicitation	1			

Form **990** (2016)

Check here ▶ ☑ If following SOP 98-2 (ASC 958-720)

	_	- and the property of the state		_	1
	3	Pledges and grants receivable, net	447,862	3	337,500
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
sets	7	Notes and loans receivable, net		7	
∎ or l	•	Toursets was fair and a survey	1	_	1

163,126

581,151

123,831

271,918

22.044

2,409,927

2,703,889

1,095,075

1,176,126

3.880.015

Form **990** (2016)

81,051

3,880,015

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31

32

33

34

484,808

331,585

32,161

1,529,785

1,893,531

2.188,064

2,242,585

4.136.116

54.521

4,136,116

Inventories for sale or use . 314,057 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 1,710,883 basis Complete Part VI of Schedule D 10a 380,083 10b 1,282,488 10c 1,330,800 Less accumulated depreciation 583,681 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 .

13

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

Intangible assets

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	,287,515
2	Total expenses (must equal Part IX, column (A), line 25)	2			,354,004
3	Revenue less expenses Subtract line 2 from line 1	3			,066,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,242,585
5	Net unrealized gains (losses) on investments	5			30
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,176,126
Par	t XIII Financial Statements and Reporting				
	Check If Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

3b

No

Form **990** (2016)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: **EIN:** 52-1351785

Name: COMPETITIVE ENTERPRISE INSTITUTE

Form 990 (2016)

Form 990, Part III, Line 4a:

CENTER FOR LAW AND LITIGATIONCEI'S CENTER FOR LAW AND LITIGATION FOCUSES ON DEVELOPING NEW APPROACHES TO FIGHT OVERREGULATION THROUGH LITIGATION IN AREAS RANGING FROM CEI'S SUCCESSFUL CONSTITUTIONAL CHALLENGE TO THE SARBANES OXLEY FINANCIAL REGULATION LAW, TO EXPOSING THE LETHAL IMPACT OF FEDERAL FUEL ECONOMY STANDARDS, THE CENTER FOR LITIGATION HAS ESTABLISHED MAJOR NEW PRECEDENTS FOR COMBATING REGULATIONS

THAT RESTRICT CONSUMER CHOICE. STIFLE INNOVATION, AND LIMIT COMPETITION OVERREGULATION CAN ALSO RESULT FROM CLASS ACTIONS SUCH LAWSUITS SUFFER FROM AN INHERENT PROBLEM PLAINTIFFS' LAWYERS HAVE AN INTEREST IN THEIR FEES, WHILE CORPORATE DEFENDANTS HAVE AN INTEREST IN CHEAPLY DISPOSING OF THE CASE AS A RESULT, WHEN THESE CASES ARE SETTLED THE INTERESTS OF CLASS MEMBERS OFTEN TAKE A BACK SEAT CEI'S CENTER FOR CLASS

ACTION FAIRNESS REPRESENTS CLASS MEMBERS IN OPPOSING UNFAIR SETTLEMENTS. IT HAS WON MILLIONS OF DOLLARS FOR CONSUMERS AND SHAREHOLDERS, AND ESTABLISHED LANDMARK PRECEDENTS THAT DISCOURAGE THE FILING OF FRIVOLOUS CASES THAT BENEFIT ONLY THE LAWYERS WHO BRING THEM

COMMUNICATIONS AND OUTREACHCEI'S COMMUNICATIONS AND OUTREACH DEPARTMENT ASSISTS THE CEI POLICY CENTERS WITH THEIR EFFORTS TO DISSEMINATE RESEARCH FINDINGS AND ANALYSIS TO VARIOUS AUDIENCES INCLUDING POLICYMAKERS, NEWS MEDIA, ALLIED ORGANIZATIONS, AND THE GENERAL PUBLIC IT ALSO HELPS THE POLICY CENTERS BUILD COALITIONS OF LIKE MINDED SCHOLARS, ACTIVISTS, AND OTHER STAKEHOLDERS TO ADVANCE THE ORGANIZATION'S MISSION OF

PROMOTING THE INSTITUTIONS OF LIBERTY AND REMOVING GOVERNMENT-CREATED BARRIERS TO ECONOMIC FREEDOM, INNOVATION, AND PROSPERITY

Form 990, Part III, Line 4b:

CENTER FOR ECONOMIC FREEDOMCEI'S CENTER FOR ECONOMIC FREEDOM WORKS TO ENSURE THAT VOLUNTARY ECONOMIC TRANSACTIONS REMAIN FREE FROM GOVERNMENT COERCION AND CONTROL. THE CENTER FOR ECONOMIC FREEDOM DEFENDS AGAINST ATTACKS ON THESE FREEDOMS FROM BUREAUCRATS AND NANNY-STATE BUSYBODIES, WORKING TO EXPAND THE ORBIT OF VOLUNTARY ARRANGEMENTS IN THE ECONOMY - INCLUDING BANKING AND FINANCE, LABOR AND EMPLOYMENT. INSURANCE. THE FREEDOM TO TAKE RISKS AS AN ENTREPRENEUR OR CONSUMER. INTERNATIONAL TRADE AND DEVELOPMENT. AND MANY OTHERS THE

CENTER FOR ECONOMIC FREEDOM AIMS FOR A WORLD WHERE THE RIGHTS AND BENEFITS OF FREE TRANSACTIONS ARE RECOGNIZED, RESPECTED, AND PROTECTED

Form 990, Part III, Line 4c:

(Code) (Expenses \$ 869,774 including grants of \$) (Revenue \$)

EXECUTIVE

(Code) (Expenses \$	844,752 including grants of \$) (Revenue \$)

(Code) (Expenses \$ 844,752 including grants of \$) (
CENTER FOR ENERGY AND ENVIRONMENT

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 461,416 including grants of \$) (Revenue \$)
CENTER FOR TECHNOLOGY AND INNOVATION

(Code) (Expenses \$	210,019 including grants of \$) (Revenue \$	

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

CENTER FOR ADVANCING CAPITALISM

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code 61.864 including grants of \$ (Expenses \$ (Revenue \$

REALCLEAR RADIO HOUR

	m 990	ULE A			Charity Staturganization is a sect	ion 501(c)(3) mpt charitable	organization o	ort	2016
		the Treasury	► Information	on abou	► Attach to Form ! ut Schedule A (Form www.irs.a:			ıctions is at	Open to Public Inspection
lame	e of th	ne organizat ENTERPRISE I						Employer identific	ation number
					(AII)			52-1351785	
	r t I rganiz				us (All organization e it is (For lines 1 thro			see instructions.	
1			•		sociation of churches	,	•	(A)(i).	
2	$\overline{\Box}$	A school de	scribed in section 1	.70(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3		A hospital c	or a cooperative hosi	pital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
4			esearch organizatior and state	operat	ed in conjunction with	a hospital descr	ibed in section	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for th (iv). (Complete Part		t of a college or univei	rsity owned or o	perated by a gov	ernmental unit descri	ped in section 170
6			-		governmental unit de				
7	✓	section 17	0(b)(1)(A)(vi). (C	omplete	•		_	unit or from the genera	al public described in
8					170(b)(1)(A)(vi)		•		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
0		from activit	ies related to its exe	empt fur ed busin	(1) more than 331/3% actions—subject to cert ess taxable income (learnplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
1		An organiza	ation organized and	operated	d exclusively to test fo	r public safety	ee section 509	(a)(4).	
2		more public	ly supported organi	zations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		organizatio		gularly a	ated, supervised, or compount or elect a majo				
b		Type II. A manageme	supporting organiza	tion sup organiza	ervised or controlled in ation vested in the sar				
С		Type III fo	inctionally integra	ited. A s	supporting organizatio				ted with, its
d		functionally	integrated The org	anizatio	d. A supporting organi n generally must satis r t IV, Sections A and	fy a distribution	requirement and		
e		Check this l	box if the organization	on recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III non-fund of supported organi		integrated supporting	organization			
g					ipported organization(s)		_	
i)N		f supported o		EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(i Is the organiz	v) zation listed in ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)
						Yes	No		
otal									
		vork Reduc	tion Act Notice, se	e the Ti	structions for	L Cat No 1128!	<u> </u> 5F	 Schedule A (Form 9	 90 or 990-F7\ 2011

	(Complete only if you ch III. If the organization fa	ecked the box o	n line 5, 7, 8, or	9 of Part I or if	the organization	n failed		
_	ection A. Public Support	ans to quanty und	der the tests list	ed below, please	e complete Part	111.)		
	Calendar year		41.204.0		4 Nagy =			
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e).	2016	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	6,470,211	7,105,791	7,605,353	6,903,266		7,226,930	35,311,551
	include any "unusual grant ")							
2	Tax revenues levied for the							
	organization's benefit and either paid							
,	to or expended on its behalf The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	6,470,211	7,105,791	7,605,353	6,903,266		7,226,930	35,311,551
5	The portion of total contributions by							· · · · · ·
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							4,090,808
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
5	Public support. Subtract line 5							
•	from line 4							31,220,743
S	ection B. Total Support				•			
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)	2016	(f)Total
_	(or fiscal year beginning in) ▶				. ,			
7		6,470,211	7,105,791	7,605,353	6,903,266		7,226,930	35,311,551
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and	10,824	10,120	9,779	10,648		87,770	129,141
	income from similar sources							
9	Net income from unrelated business							
_	activities, whether or not the	109						109
	business is regularly carried on							
10	Other income Do not include gain	7.540			=			
	or loss from the sale of capital	7,543	8,282		5,168		2,330	23,323
	assets (Explain in Part VI) Total support. Add lines 7 through				+		-	
11	10							35,464,124
12	Gross receipts from related activities,	etc (see instructio	ns)			12		1,986,064
	First five years. If the Form 990 is fo			rd fourth or fifth	tay year as a sect		(c)(3) orga	
	check this box and stop here	-			•		· · · · · <u>-</u>	mzacion,
_	ection C. Computation of Public							
	Public support percentage for 2016 (lir	• •		olumn (f))		1		00.020.0/
	Public support percentage for 2015 Sc			oranin (1))		14		88 030 %
	33 1/3% support test—2016. If the			un line 12 and line	14 is 22 1/20% or		hock this b	88 720 %
16a					14 15 33 1/370 01	illore, c	HECK CHIS D	× ✓
	and stop here. The organization quali 33 1/3% support test—2015. If th				nd line 15 is 22 1/	20/2 or n	aara shask	
b					ilu iiile 15 is 55 1/	3 70 OI II	iore, check	▶ □
	box and stop here. The organization				12 16 16-	and line	. 1.1	
17a	10%-facts-and-circumstances test is 10% or more, and if the organization							
	in Part VI how the organization meets	the "facts-and-circ	cumstances" test	The organization di	ualifies as a public	lv supp	orted	
	_	radio and one		3. 94		.,		►□
L	organization 10%-facts-and-circumstances tes	st—2015. If the or	ganization did not	check a hov on lin	e 13 16a 16b o	r 17a a	nd line	
D	15 is 10% or more, and if the organiz						iiu iiiiC	
	Explain in Part VI how the organization						ıcly	
	supported organization			-	•	-	•	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see		

P	Support Schedule for (Complete only if you of	hecked the box	on line 10 of P	art I or if the or	ganızatıon failed		ler Part II. If
	the organization fails to	o qualify under	the tests listed	below, please c	omplete Part II.))	
Se	ection A. Public Support Calendar year	Ι	I	T	1 1		T
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
_	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year						
С 8	Add lines 7a and 7b Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support		•				
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c) 2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C							-
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or		1	+	+		1
	loss from the sale of capital assets						
12	(Explain in Part VI) Total support. (Add lines 9, 10c,						
13	11, and 12)						
14	First five years. If the Form 990 is for	or the organization	n's first, second, t	hırd, fourth, or fıft	th tax year as a se	ction 501(c)(3)	organization,
	check this box and stop here	C					▶⊔
15	ection C. Computation of Public Public support percentage for 2016 (III			column (f))		15	
16	Public support percentage from 2015 S		•	(1)		16	
	ection D. Computation of Invest	*	*				
17	Investment income percentage for 20			line 13, column (1	f))	17	
18	Investment income percentage from 2					18	
19a	331/3% support tests—2016. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and li	_
	more than 33 1/3%, check this box and						▶ ∐
b	33 1/3% support tests—2015. If the	=					/3% and line 18 i ▶ □
20	not more than 33 1/3%, check this box Private foundation. If the organization	-	-				▶□

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10b

Schedule A (Form 990 or 990-EZ) 2016

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Schedule A (Form 990 or 990-EZ) 2016

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 2

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)

below 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b

supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

the organization had excess business holdings)

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

10a

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

0	art IV Supporting Organizations (continued)							
	Supporting Organizations (continued)		Yes	No				
			res	NO				
	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a						
b	A family member of a person described in (a) above?							
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c						
S	Section B. Type I Supporting Organizations			1				
			Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year							
•		1						
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting							
	organization	2						
S	Section C. Type II Supporting Organizations							
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		Yes	No				
		_						
		1						
S	Section D. All Type III Supporting Organizations							
			Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?							
		1						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)							
		2						
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard							
	, ,	3						
S	Section E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)						
	a The organization satisfied the Activities Test Complete line 2 below	•						
	b The organization is the parent of each of its supported organizations Complete line 3 below							
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınetru	ctions)					
		mstru	ctions					
2	Activities Test Answer (a) and (b) below.		Yes	No				
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a						
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the							
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b						
3	Parent of Supported Organizations Answer (a) and (b) below.	-0						
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a						
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b						

_	Add lifes 1 through 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		

а	Average monthly value of securities	la	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	

Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-FZ) 2016

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .

AMOUNT \$ 0 2015 AMOUNT \$ 0 2016 AMOUNT \$ 0

INCOME

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SCHEDULE C (Form 990 or 990-

EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

DLN: 93493079002018

Open to Public

	tment of the Treasurv al Revenue Service	<u>www.irs.gov/form990</u> . Inspection						ction	
• S • S • S If the • S • S • S • S • S	section 501(c)(3) org Section 501(c) (other Section 527 organizer organization ans Section 501(c)(3) org Section 501(c)(3) organization ans xy Tax) (see separ	ganizations Coner than section 5 tations Complet wered "Yes" or ganizations that ganizations that wered "Yes" or ate instructions	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election Form 990, Part IV, Line 5 (Proxy T	ete Part I-C rts I-A and C below 990-EZ, Part VI, IIr section 501(h)) Co under section 501(h	Do not conne 47 (Lobomplete Pa	mplete Part I-I bying Activit rt II-A Do not te Part II-B D	B :i es), 1 :comp	then blete Part II-E complete Pa	3 art II-A
	me of the organizat MPETITIVE ENTERPRISI					Employer id 52-1351785	lentif	ication nun	nber
Par	t I-A Complet	e if the orga	nization is exempt under sect	ion 501(c) or is	a sectio	n 527 orga	nizat	tion.	
1 2 3 Par	Political expenditu Volunteer hours	ires	ization's direct and indirect political constants		n Part IV	•	\$ _ 		
1			x incurred by the organization under			•	\$		
2	Enter the amount	of any excise ta	x incurred by organization managers	under section 4955		>	\$_		
3	If the organization	n incurred a sect	ion 4955 tax, did it file Form 4720 fo	r this year?				☐ Yes	□ No
4a	Was a correction							□ No	
b	If "Yes," describe								
Par	t I-C Complet	e if the orga	nization is exempt under sect	ion 501(c), exce	ept secti	on 501(c)(3).		
1			ed by the filing organization for section	•			\$_		
2	Enter the amount function activities		anızatıon's funds contributed to other	organizations for se	ection 527	exempt >	\$_		
3	Total exempt fund	tion expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	lıne 17b	•	\$_		
4	Did the filing orga	ınızatıon file Fori	n 1120-POL for this year?					☐ Yes	□ No
5	organization made of political contrib	e payments For utions received	employer identification number (EIN) each organization listed, enter the ar that were promptly and directly delive ee (PAC) If additional space is needed	nount paid from the ered to a separate p	filing orga olitical org	inization's fun anization, suc	ds Al	so enter the	
	(a) Nam	e	(b) Address	(c) EIN	filing	ount paid fron organization's If none, enter -0-	. '	(e) Amount contributions and promp directly deliv separate p organization enter	or received only and vered to a political of none,
2									
3									
4									
5									
6									

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

(a) 2013

467,891

23,145

116,973

84

(b) 2014

497,436

27,340

124,359

139

(c) 2015

529,985

31,510

132,496

265

(d) 2016

565,500

21,111

141,375

3,107

Schedule C (Form 990 or 990-EZ)

(e) Total

2,060,812

3,091,218

103,106

515,203

772.805

3,595

2016

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

Yes

No

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

DLN: 93493079002018 OMB No 1545-0047

Department of the Treasury

(Form 990)

1

6

2

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** COMPETITIVE ENTERPRISE INSTITUTE 52-1351785 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2016

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Maintaining C	ollections	of Art, His	torical T	reası	ires, or	Other	Similar A	ssets (co	ntınued)	
3		the organization's acquisition, access (check all that apply)	sion, and othei	records, ch	eck any of	the fo	llowing t	hat are a	significant	use of its c	ollection	
а		Public exhibition			d 🗌	Loan	or excha	inge prog	ırams			
b		Scholarly research			е 🗌	Othe	r					
С		Preservation for future generations										
4	Provid Part >	de a description of the organization's	collections and	l explain hov	v they furth	ner the	e organız	ation's ex	kempt purpo	ose in		
5		g the year, did the organization solicr s to be sold to raise funds rather than							nılar	☐ Yes		No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization and X, line 21.		" on Form	990, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on Foi	rm 990,	, Part
1a		e organization an agent, trustee, custo led on Form 990, Part X?	odian or other	ıntermediary	for contri	bution	s or othe	r assets	not	☐ Yes	□ r	No
ь	If "Ye	s," explain the arrangement in Part X	III and comple	ete the follow	ving table		Γ		-	Amount		_
c		ning balance					İ	1c				_
d	_	ons during the year					İ	1d				_
е		butions during the year					ŀ	1e				_
f		g balance					ŀ	1f				
2 a		ne organization include an amount on	Form 990 Pa	rt X line 21	for escrow	or cu	L stodial a	ccount lis	hility?			_
b		s," explain the arrangement in Part X							,	Yes	ı ⊔ □	No
Pa	rt V	Endowment Funds. Complete										
		·	(a)Currer		(b) Prior yea				(d)Three ye		Four yea	ars back
1 a	Beginn	ing of year balance										
b	Contrib	outions										
C	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
e		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the cu	rrent year end	balance (lir	ne 1g, colu	mn (a)) held as	5				
а	Board	designated or quasi-endowment 🕨										
Ь	Perma	anent endowment 🕨										
С	Temp	orarily restricted endowment >										
_	The p	ercentages on lines 2a, 2b, and 2c sh	ould equal 10	0%								
3а		nere endowment funds not in the possization by	session of the	organization	that are h	eld an	d admini	stered fo	r the		Yes	No
	(i) ur	related organizations								3a(i	i)	
b		elated organizations s s" on 3a(ii), are the related organizat		equired on :	 Schedule R	,	• •			3a(i . 3b		
4	Descr	ibe in Part XIII the intended uses of t	he organizatio	n's endowm	ent funds							
Pa	rt VI	Land, Buildings, and Equipm										
		Complete if the organization ar										
	Descri	ption of property (a) Cost or (invest		(b)Cost or o	other basis (d	other)	(c)Accu	imulated d	epreciation	(d)	Book valu	ıe
1a	Land											
b	Buildin	gs										
c	Leaseh	old improvements			98	33,556			97,743			885,813
d	Equipm	nent			50	01,382			229,486			271,896
e	Other				22	25,945			52,854			173,091
Tat	-I Add	lines 12 through 10 (Column (d) mus	h aniint Farma C	100 Davit V	adumn (B)	1	10(0)					4 220 000

Schedule D (Form 990) 2016			Page 3
Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	organization answe	ered 'Yes' on Form 99	0, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1)Financial derivatives			
(3)Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) 			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the	organization answ	vered 'Yes' on Form 9	990. Part IV. line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Meth	od of valuation of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization answered 'Yo (a) Description	es' on Form 990, Part	: IV, line 11d See Form	990, Part X, line 15 (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			10 00 115
Part X Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25.			.ie or iii.
1. (a) Description of liability (1) Federal income taxes	(b) Boo	ok value	
DEFERRED RENT AND LEASE INCENTIVES		2,025,328	
CAPITAL LEASE OBLIGATION		13,149	
LIABILITY FOR LOSS ON SUBLEASE		371,450	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	2,409,927	
2. Liability for uncertain tax positions In Part XIII, provide the text of thorganization's liability for uncertain tax positions under FIN 48 (ASC 740)			
The second state of the second section of the second second second section of the second seco	, and there is the te	Inc indulote iids i	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4b

Explanation

117,160

350.403

2e

3

4c

5

Page 4

467,593

7,287,515

7,287,515

8,821,567

467,563

8.354.004

8,354,004

Schedule D (Form 990) 2015

2c c Recoveries of prior year grants . . . Other (Describe in Part XIII) . 2d 350.403 d е Add lines 2a through 2d . . . 2e

3 Subtract line 2e from line 1 . 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b. 4a

Other (Describe in Part XIII) 4b Add lines 4a and 4b . . 4c

b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Schedule D (Form 990) 2016

Part XI

1

2

b

d

е 3

а

b

c

Part XIII

5

4

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID: Software Version:

EIN: 52-1351785

Name: COMPETITIVE ENTERPRISE INSTITUTE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	CEI REVIEWS AND ASSESSES ALL ACTIVITIES ANNUALLY TO IDENTIFY ANY CHANGES IN THE SCOPE OF T HE ACTIVITIES AND REVENUE SOURCES AND THE TAX TREATMENT THEREOF, TO IDENTIFY ANY UNCERTAIN TY IN INCOME TAXES FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016, MANAGEMENT DID NOT ID ENTIFY ANY UNCERTAINTY IN INCOME TAXES REQUIRING RECOGNITION OR DISCLOSURE IN THESE FINANC IAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 350,403

Sı

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 350,403

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493079002018 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions. Open to Public Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** COMPETITIVE ENTERPRISE INSTITUTE 52-1351785 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region region to recipients located in the region) EAST ASIA AND THE PACIFIC n 0 PROGRAM SERVICES EDUCATIONAL CAMPAIGN 313.881 313,881 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 0 313,881 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2016

Schedule F (Form 990) 2016							Page 3
Part IIII Grants and Oth				ad States. Complete if	\overline{i} the organization ar	swered "Yes" to Form 9	90, Part IV, line 16.
	duplicated if addition			Т	т	т —	 '
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					<u> </u>		
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Sche	dule F (Form 990) 2016		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)		
	Instructions for Forms 5520 and 5520 Ay	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		<u> </u>
	5713)	∐ Yes	✓ No

Schedule F (Form 990) 2016 Page				
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method) amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to providing any additional information (see instructions).				
Return Reference	Explanation			
PART I, LINI 3	IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED IN PART I OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493079002018

2016

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** COMPETITIVE ENTERPRISE INSTITUTE 52-1351785 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations ✓ Solicitation of non-government grants ✓ Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (vi) Amount paid to (iv) Gross receipts (v) Amount paid to fundraiser have individual from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? Yes No FUNDRAISING **CLEARWORD** CONSULTING COMMUNICATIONS GROUP 12841 BRAEMAR VILLAGE No 280,441 44,000 236,441 PLAZA 51 BRISTOW, VA 20136 Total 280,441 44,000 236,441

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

Sche	dule G (Form 990 or 990-EZ) 2016				Page 2
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising e	event contributions and			
	gross receipts greater than \$1	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
Revenue		(event type)	(event type)	(total number)	(add col (a) through col (c))
	1 Gross receipts	913,080			913,080
	2 Less Contributions	759,089			759,089
	3 Gross income (line 1 minus line 2)	153,991			153,991
	4 Cash prizes				
S	5 Noncash prizes				
nse	6 Rent/facility costs				
×pe	7 Food and beverages	145,771			145,771
ш घ	8 Entertainment	4,727			4,727
Direct Expenses	9 Other direct expenses	199,905			199,905
_	10 Direct expense summary Add lines 4	through 9 in column (d)			350,403
	11 Net income summary Subtract line 10) from line 3, column (d)			-196,412
Pai	Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
Expenses	2 Cash prizes				
X	3 Noncash prizes				
ect	4 Rent/facility costs				
₫	5 Other direct expenses				
		☐ Yes%_	☐ Yes %	☐ Yes <u>%</u>	
	6 Volunteer labor	☐ No	☐ No	□ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	•	
9	Enter the state(s) in which the organizat	ion conducts gaming activ	ities		
a b	Is the organization licensed to conduct g If "No," explain				Yes No
10-	Was an of the average to be a series.				
10a b	Were any of the organization's gaming li If "Yes," explain				∐Yes ∐No

Sche	dule G (Form 990 or 990-EZ) 2016						Page
11	Does the organization conduct gamin	g activities with nonmembers	57		□Yes	□No	
12	Is the organization a grantor, benefic formed to administer charitable gami		member of a partnership or other entity		Yes		
13	Indicate the percentage of gaming ac	tivity conducted in					
а	The organization's facility			13a			o,
b	An outside facility			13b			9,
14	Enter the name and address of the pe	erson who prepares the organ	nization's gaming/special events books and r	ecords			
	Name •						
	Address •						
L5a	Does the organization have a contract revenue?	t with a third party from who	m the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming	revenue received by the org	anızatıon ▶ \$ and t	ne			
	amount of gaming revenue retained b	by the third party 🟲 \$					
С	If "Yes," enter name and address of t	he third party					
	Name •						
	Address ▶						
L6	Gaming manager information						
	Name ▶						
	Gaming manager compensation \triangleright \$						
	Description of convece provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under started retain the state gaming license?	ate law to make charitable di	stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributions req	uired under state law distribi	ited to other exempt organizations or spent		□ 163		
	in the organization's own exempt acti						
Par		15c, 16, and 17b, as appl	ions required by Part I, line 2b, column licable. Also complete this part to provi				
	Return Reference		Explanation				
		1	Scher	lule G (F	Form 990 or	990-F7)	201

DLN: 93493079002018

OMB No 1545-0047

2015

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Employer identification number Name of the organization COMPETITIVE ENTERPRISE INSTITUTE 52-1351785

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
5	For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6 a		Νo
b	Any related organization?	6 b		Νο
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
В	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

For each individual whose compensation must be reported on Schedule 1, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 FRED L SMITH JR - FOUNDER	(i)	181,272	0	0	0	21,812	203,084	0
DIRECTOR, DIR FOR CTR FOR ADV CAP	(ii)	0	0	0	0	0	0	0
2 KENT LASSMAN PRESIDENT (AS OF 04/2016)	(i)	145,596	16,350	0	0	14,217	176,163	0
, , ,	(ii)	0	0	0	0	0	0	0
3 GREGORY CONKO INT PRES	(i)	156,896	0	0	0	7,080	163,976	0
(01-04/2016), ED, VP - UNTIL 12/2016	(ii)	0	0	0	0	0	0	0
THEODORE FRANK 4 DIRECTOR	(i)	211,736	0	0	0	7,114	218,850	0
OF CTR FOR CLASS ACTION FAIRNESS	(ii)	0	0	0	0	0	0	0

5 WAYNE CREWS

VP FOR POLICY

150,847

Schedule J (Form 990) 2015

177,565

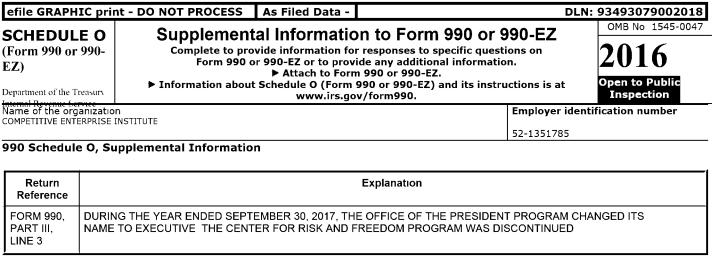
26,718

Page 2

Schedule J (Form 990) 2015	chedule J (Form 990) 2015					
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference Explanation						
PART I, LINE 7	THE BOARD OF DIRECTORS DETERMINES THE BONUS FOR THE PRESIDENT THE PRESIDENT AND EXECUTIVE DIRECTOR DETERMINE THE					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493079002018 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number COMPETITIVE ENTERPRISE INSTITUTE 52-1351785 Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . 2 Art—Historical treasures Art-Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Χ 8 Intellectual property 271,100 FMV Securities—Publicly traded $\, . \,$ Χ 63,737 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . Food inventory . . . 19 Drugs and medical supplies 20 21 Taxidermy . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . Other ▶ (_____ 26 Other ▶ (__ Other ► (___ 27 28 Other ▶ (___ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 Nο Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2016)	Page 2
Part II Supplemental Info	rmation.
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
Ι, column (b), the nι	umber of contributions, the number of items received, or a combination of both. Also complete
this part for any add	itional information.
Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS
<u> </u>	Schedule M (Form 990) (2016)



Return Explanation
Reference

FORM 990,	THE DRAFT VERSION OF THE FEDERAL FORM 990 IS REVIEWED BY THE PRESIDENT, EXECUTIVE DIRECTOR
PART VI,	, TREASURER/SENIOR DIRECTOR OF FINANCE AND OPERATIONS, AS WELL AS THE FULL BOARD OF DIRECT
SECTION B,	ORS AFTER THE REVIEW, ANY CHANGES NEEDED ARE MADE BY THE TAX RETURN PREPARER THE FINAL F
LINE 11B	EDERAL FORM 990 IS THEN ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE

Return Explanation

FORM 990,
PART VI,
SECTION B,
LINE 12C

EMPLOYEES CONSULT WITH THEIR DIRECT SUPERVISOR OVER ANY AREAS THAT COULD BE CONFLICTS OF I
NTEREST IF THE SUPERVISOR BELIEVES THE ISSUE NEEDS TO BE ADDRESSED AT A HIGHER LEVEL THE
SUPERVISOR CAN THEN MOVE THE DISCUSSION UP THE CHAIN OF COMMAND WITHIN CEI UNDER CEI'S CO
NFLICT OF INTEREST POLICY, BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCL
OSURE STATEMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS BASED ON COMPARABILIT Y DATA THE LAST COMPENSATION STUDY FOR THE PRESIDENT WAS CONDUCTED IN 2012 THE NEXT COMPENSATION STUDY WILL BE CONDUCTED IN 2018 AS THE PRESIDENT'S COMPENSATION WAS AT THE LOW-E ND WHEN THE STUDY WAS CONDUCTED THE BOARD OF DIRECTORS ARE COMFORTABLE WITH THE CURRENT COMPENSATION COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS HANDLED BY THE PRESIDENT AND GROUP OF INDEPENDENT SENIOR STAFF THE COMPENSATION IS EVALUATED BASED ON PERFORMANCE AND COMPARABILITY DATA WITH OTHER SIMILAR ORGANIZATIONS IN THE WASHINGTON, DC AREA

Return Explanation
Reference

FORM 990, CEI DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PART VI, PUBLIC THE MOST RECENT AUDITED FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE AVAILABLE ON SECTION C, THE WEBSITE